

Student Involvement Proposal Form

79th Annual Conference Kentucky School Boards Association



Type or clearly print all information. To submit a proposal for consideration, please complete all the information below and return by mail (260 Democrat Drive, Frankfort, KY 40601) or fax (502-783-1456). All submissions must be received by October 31st, 2014. The conference will be February 27th – March 1st, 2015 at Louisville's Galt House.

1. Name of School District: _____

2. Involvement Type:

- | | |
|---|---|
| <input type="checkbox"/> Musical Performance (Instrumental) | <input type="checkbox"/> Student-Led Devotional (Sunday) |
| <input type="checkbox"/> Music al Performance (Vocal) | <input type="checkbox"/> Give a General Session Invocation (Saturday or Sunday) |
| <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Provide Table Decorations for Luncheon (Saturday) |

3. Length of performance (if applicable): _____ minutes

4. Size of Group:

- ☐ Solo ☐ Small Group (10 or less) ☐ Large Group (more than 10)

If a group performance, number of members: _____

5. Performer(s) Grade Level:

- ☐ High School ☐ Middle ☐ Elementary ☐ Preschool

6. Title of Group OR Name of Soloist: _____

7. Presentation Description (limit of 25 words): Please **proofread** your abstract. This will appear as written in the conference program. KSBA reserves the right to edit descriptions.

8. Preferred Date to Perform:

- | | |
|--|--|
| <input type="checkbox"/> Friday, February 27 th | <input type="checkbox"/> Saturday, February 28 th |
| <input type="checkbox"/> Sunday, March 1 st | <input type="checkbox"/> Available any date |

9. Other Audiovisual/Staging Needs: _____

Please be mindful that all equipment is a rental expense for the conference. As we try to keep participant registration fees low, please request only what is going to be used. Requests made on the day of the conference will not be honored. District is responsible for any equipment or instruments it brings.

10. Name of Adult Leader: (Note: District is responsible for providing sufficient supervision of any minors they bring to the conference. Minors must be supervised at all times.)

(Dr., Mrs., Ms., Mr.) _____

Job Title: _____ Organization/Agency: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Signature of Director/Adult Sponsor _____ Date _____

Phone (if not the accompanying leader): _____

Signature of Superintendent _____